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D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C. Date of Delivery 2/3/21	B. Received by (Printed Name) J. Hen C-19
A. Article Addressed to: O'Neill & Borges LLC 250 Manzana Ave. Suite 800 San Juan, P.R. 00918-1813		
<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Red Mail Restricted Delivery <input type="checkbox"/> Red Mail Restricted Delivery \$500 </p>		
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		
<p>Postage \$1.20</p> <p>Total Postage and Fees \$1.20</p> <p>Postmark Here</p> <p><i>sent to Distrito de los Estados Unidos Room 150 Federal Building San Juan, P.R. 00918-1767</i></p> <p>See Reverse for Instructions</p>		

SENDER: COMPLETE THIS SECTION		
<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <i>A. Velez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) J. Hen C-19</p> <p>C. Date of Delivery 2/3/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>1. Article Addressed to: O'Neill & Borges LLC 250 Manzana Ave. Suite 800 San Juan, P.R. 00918-1813</p> <p>2. Article Number (Transfer from service label) 7020 1810 0000 3022 1412</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		
<p>COMPLETE THIS SECTION</p> <p>A. Signature <i>M. Diaz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) M. Diaz</p> <p>C. Date of Delivery 2/5/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>1. Article Addressed to: Tribuna/ de Distrito de los Estados Unidos Room 150 Federal Building San Juan, P.R. 00918-1767</p> <p>2. Article Number (Transfer from service label) 7020 1810 0000 3022 1429</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		

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